## **Best Available Copy**

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

MQ/Q314QF

| Effective October 1, 2000  |   |  |   |                                   |                     |                  |                 |             |                        |          |                     |                        |          |
|--|---|--|---|-----------------------------------|---------------------|------------------|-----------------|-------------|------------------------|----------|---------------------|------------------------|----------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |   |  |   |                                   |                     |                  |                 | E!          | NTITY                  | OR       | OTHER<br>SMALL      |                        |          |
| TC   | TAL CLAIMS  |  |   |                                   |                     |                  | TYPE            | Ē           | FEE                    | <b>1</b> | RATE                | FEE                    |          |
| FOR  |   |  | MUMBER FILED NUMBER   |                                   |                     | ER EXTRA         | BASIC           | FEE         |                        | OR       | BASIC FEE           | CONTA                  | İ        |
| TOTAL CHARGEABLE CLAIMS  |   |  | ) minus 20= * ()  |                                   |                     | 6                | X\$ 9           | <del></del> |                        | OR       | X\$18=              | 1/ /</td <td>1</td>    | 1        |
| INDEPENDENT CLAIMS   |   |  | minus 3 = 1/1   |                                   |                     |                  | X40             |             |                        | 1        | X80=                | 1/01                   |          |
| MU   | LTIPLE DEPEN  | DENT CLAIM P   | HESENT  | <b> </b>                          |                     |                  | OR              | 7.5.        | JAY /                  |          |                     |                        |          |
| * If   | the difference  | in column 1 is   | less than ze  | ro, enter                         | "0" in c            | olumn 2          | +135            |             |                        | OR       | +270=               |                        |          |
| CLAIMS AS AMENDED - PART II  |   |  |   |                                   |                     |                  |                 | <b>\</b> L  |                        | OR       | TOTAL               | TUAN                   | \C_1     |
| _  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST               |  |   |                                   |                     |                  |                 | LI          | ENTITY                 | OR       | SMALL               |                        | 17       |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT                        |   | NUME<br>PREVIO<br>PAID F          | BER<br>OUSLY        | PRESENT<br>EXTRA | RAT             | [1]         | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE | ld       |
|  | Total   | *  | Minus   | **                                |                     | =                | X\$ 9           | =           |                        | OR.      | X\$18=              | i<br> <br>             | 10       |
|  | Independent   | ndependent * Minus  FIRST PRESENTATION OF MULTIPLE DEP |   |                                   | *** = =             |                  |                 | =           |                        | OR       | X80=                |                        | *        |
| <u> </u>   | TINOT PRESE   | INTATION OF IM   | OLIIPLE DEF   | ENDENT                            | CLAIM               |                  | +135            | _           |                        | OR       | +270=               |                        | <b>*</b> |
|  |   |  |   |                                   |                     |                  | TO              |             |                        |          | TOTAL               | ,                      |          |
|  |   | (Column 1)   |   | (Colun                            | nn 2)               | (Column 3)       | ADDIT. P        | EE          |                        | OR,      | ADDIT. FEE          |                        | 1        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT              |   | HIGHI<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA | RATE            |             | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |          |
|  | Total   | *  | Minus   | **                                | <del></del>         | =                | X\$ 9           | =           |                        | OR       | X\$18=              |                        | P        |
|  | Independent • Minus  FIRST PRESENTATION OF MULTIPLE DEPI      |  |   | *** =                             |                     |                  | X40=            |             |                        | OR       | X80=                |                        |          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |  |   |                                   |                     |                  | +135            |             |                        | OR       | +270=               | 7                      |          |
|  |   |  |   |                                   |                     |                  | TOT<br>ADDIT. F |             |                        | OR       | TOTAL<br>ADDIT. FEE |                        |          |
| _  | POST TO THE STATE   | (Column 1)<br>CLAIMS                                   | Name and the control of the control | (Colum                            |                     | (Column 3)       |                 |             |                        |          |                     |                        | 1        |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT                        |   | NUMB<br>PREVIO<br>PAID F          | BER<br>USLY         | PRESENT<br>EXTRA | RATE            |             | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |          |
|  | Total   | .25  | Minus   | \$                                | <u> </u>            | =                | X\$ 9=          |             |                        | OR       | X\$18=              |                        | 1        |
|  | Independent • 9 Minus •• FIRST PRESENTATION OF MULTIPLE DEPEN |  |   | endent                            | ~/ ( )              |                  |                 |             |                        | OR       | X80=                |                        |          |
| The service of Mounties Dependent Claim  |   |  |   |                                   |                     |                  |                 |             | <del></del>            | OR       | +270=               | 7-                     | _        |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3 |   |  |   |                                   |                     |                  |                 |             |                        | ~''      |                     |                        |          |